2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 A Secretary of State

1. Entity Name

WASHCO LAUNDRY EQUIPMENT, INC.



Principal Place of Business

3939 PALM BEACH BLVD. FT MYERS, FL 33916-0729 Mailing Address

3939 PALM BEACH BLVD. FT MYERS, FL 33916-0729



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1790528

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, CRAIG C. 3939 PALM BEACH BLVD. FT. MYERS, FL 33916

DO NOT WRITE IN THIS SPACE

		3			
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	if appricable (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD MITCHELL, KATHERINE C 1352 SHADOW LANE FT MYERS, FL		: •		. 03/28/07-80075-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MITCHELL, CRAIG C. 3650 WOODSTORK COURT FORT MYERS, FL 33908			,	. 03/20/01-880/3-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MITCHELL, JOHN S. 5625 SHADDELEE LANE FT MYERS, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marrch 9, 2007

239-694-4102_

Daytime Phone #